| Department:  |  |   | _   |                               |
|--|--|---|---|-------------------------------|
| Division:  |  |   | <u></u>   |                               |
| Section:   |  |   | _   |                               |
|  | ELECTION                                       | OF COMPENS  | ATORY TIME  |                               |
|  |  |   | g between a public agency as<br>Absent such an agreement,   |                               |
| payment. I understand that more than 120 hours of co | nt by electing compensatory ting be granted un | ompensatory time one, after which cash less it would undu | to receive compensatory time off in lieu of cash payment, I a payment must be made; comy disrupt operations; and cast any time. | may not accrue pensatory time |
| I further understand that th                         | is agreement n                                 | nay be rescinded by                                       | either party giving 30 working  | ng days' notice.              |
| Enter into this day of                               |  | f   | in the year   |                               |
| Employee:(Prin                                       | nt Name)                                       | SSN   | Signature   | Date                          |
| Supervisor:(Prin                                     | nt Name)                                       |   | Signature   | Date                          |
| State limitation of agreement of both                |  |   | 10 hours in accordance with   | the FLSA with                 |
| Refer to Memo P<br>employees.                        | ERD #20/93                                     | for compensatory  | time agreements with rep  | resentatives of               |

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Employee Department/Division Agency Personnel File

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